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Independent observer of the Global Fund

Nairobi Regional Meeting Makes Recommendations Regarding CCMs

On July 7 and 8, the Global Fund will hold its first bi-annual Partnership Forum in Bangkok, immediately prior to the International AIDS Conference. The role of the Partnership Forum is to provide a channel for feedback from people interested in the Fund who are not formally represented in the Fund's governance structure.

About 600 people will be invited to attend the event. The Fund says it is making every effort to ensure the fullest participation of people living with the three diseases (HIV/AIDS, tuberculosis, and malaria), and of youth and women. In addition, the Fund is endeavoring to include representatives of groups and organizations that haven't applied for grants, or whose applications have been declined.

The Fund has scheduled five regional meetings from late March to mid-June that are intended, in part, to provide input to the Partnership Forum. Unlike the Forum itself, these are attended almost entirely by people representing grant recipients.

The Nairobi regional meeting, in early May, was attended by about seventy people from CCMs in Eastern and Southern Africa. Its objectives were to increase understanding of Global Fund processes; to provide feedback to the Secretariat; and to facilitate information exchange between people from different countries within the region.

On the third and last day, the meeting divided into four working groups to develop some inputs for the Partnership Forum. One of these working groups focused on CCMs. Unlike many previous meetings on CCMs, the group sought not just to comment on problems and possibilities, but to make concrete recommendations. The working group consisted of about twenty people ranging from government-based chairs of CCMs to NGO CCM members. The group agreed on (and presented to the full meeting) the following recommendations regarding the structure and methods that should be followed by any CCM:

- The CCM should be built upon existing structures, where relevant.
- To ensure effectiveness, CCM size should be limited to a manageable number of members. This number should be agreed among relevant stakeholders.
- The constituencies represented on the CCM should be government, NGOs, development partners, representatives of clients served (PWAs, etc.), private sector, faith based organizations, and academic.
- Each of these constituencies should have at least one CCM seat. Each constituency can then make a case for having additional seats.
- Each CCM member should be selected by and represent their constituency. Each CCM member must receive input from, and report back to, its constituency.
- The CCM should create agreed written Terms Of Reference, covering multiple matters such as the selection and role of the Chair and Vice Chair.
- The Terms of Reference should include, as a key objective of the CCM, the building of trust among members.
- The CCM should make use of technical working groups. Each such group should include at least one CCM member, plus non-CCM members with relevant expertise. Technical working groups could be established on a disease basis, on a thematic basis (e.g. finance), or some other basis.
- The CCM should, where relevant, seek funding to cover the expenses of its own activities, including a CCM secretariat; internal CCM consultations and consultations with constituencies; and oversight of GF grant implementation.
- This funding should be made available by or from one or more of the following: (a) the national government; (b) development partners, the private sector, etc.; and (c) a budget line in approved GF proposals/grants.

Two of the other working groups made recommendations that mentioned CCMs. The CCM-specific recommendations were:

- The Principal Recipient should not be the chair of the CCM.
- Donor participation in CCMs should be encouraged. However, in order to ensure the right balance of representation in CCMs, the possibility of developing two levels of CCM should be examined: a steering committee to provide oversight and ensure coordination; and technical committees with representation from key partners.

The CCM working group at the Nairobi meeting was influenced in its thinking by a description of the recent decision by the Kenyan CCM to reduce its membership from about 36 people to just 16. (This was briefly described in GFO Issue 18.) The specifics of the Kenyan decision were finalized over several weeks. But the main concepts were thrashed out at a half-day meeting late last year involving not only CCM members, but also many other people from interested constituencies. That meeting proceeded as follows.

First, agreement was reached that the existing CCM was too large; that some meetings were dominated by government members and some by development partners; that meetings consisted of speeches rather than discussion; and that little of value was emerging.

Then agreement was reached that the size of the CCM should be reduced to sixteen members.

Then agreement was reached that the constituencies represented in the CCM should be seven – government, bilateral and multilateral development partners, faith-based organizations, NGOs, people living with AIDS, professional associations, private sector, and academic institutions.

Then it was agreed that each of these seven constituencies should be guaranteed one CCM seat, and also that the CCM Chair should be the Minister of Health.

Then each constituency made its case for any desired increase in its representation beyond one – but this was done in the context of the agreement already reached that the total size should be capped at 16.

The precise CCM composition that was agreed on was: government – 3 members; bilateral and multilateral development partners – 3 members; faith-based organizations – 3 members; NGOs – 2 members; people living with AIDS – 2 members; professional associations – 1 member; private sector – 1 member; academic institutions – 1 member.

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